APPLICATION FOR CERTIFICATE OF APPROPRIATENESS



HISTORIC PRESERVATION COMMISSION CITY OF JACKSON

	I V -		Street Address	S	
	City/State		Zip Code	Par	cel Number
3. His	toric Designation: Historic District			official name of the re-	source)
	Landmark				
	Landmark Site _				
4. A թլ	olicant:				
	Name	Telephone Number	Email		
	Street Address		City/State	Zip Code	
Applic	ant Is: Owner	Lessee	Architect	Contractor	Other
5. Ow	ner:(If diffe	rent from applicant)	Telephone Nu	ımber Email	
	Street Address		City/State	Zip Code	
б. Тур	oe of Work: (Chec	k all that apply)			
	Exterior Alteration	n or Repair			
	Fence (MUST SU	UBMIT SURVEY)			
	New Construction	/Addition (MUST S	UBMIT SURV	EY)	
	Relocation of Stru	cture			
	Other				
	Demolition of Str	ıcture			
dis: ! Th apj	trict than the structure No economically viab The structure poses ar e "Demolition Policy	e proposed for demolitice ble use of property will en imminent threat to puby for Jackson Landma	on. exist unless the apolic health and sat arks, Landmark		istricts," requ

	scription of Proposed Work: If additional space is e detailed description. Specify the name of the archite	
docun docun applic copies	Supporting Documentation: This application we nentation is not received. The case will not be heat nentation is received on or before the designation and the supporting documentation must be sof photographs of the subject site or structure. Tring documentation should include all or a contably explain your project. Photographs (Both print and digital via	rd before the JHPC meeting until adequate ated deadline date. Twelve (12) copies of ubmitted along with one original set and 12 Depending on the type work proposed,
	email or CD)	□ Other
	Material Samples or Manufacturer's	
	Specifications	
	Plans, Elevations, & Sections	
docum	aff Preliminary Review: JHPC staff will review tentation to determine if the application request is cost the JHPC staff for detail information at: 601-960-19	mplete and make the recommendations. Please
200 S. made	President Street, P.O. Box 17, Jackson, MS 39205-payable to the City of Jackson. Completed applicate as outlined in the Certificate of Appropriateness A	-0017 with a non-refundable check for \$26.00 ations must be received by 5:00 p.m. on the
Histor	HPC Meeting Attendance: The applicant/ or reprise Preservation Meeting to present the case and any ance, the case will be tabled.	<u>C</u>
Article	pplication is hereby made for the issuance of a Cer of III of the Jackson Code of Ordinance. By signing that it cation contained herein or subsequently submitted is t	this application, I hereby acknowledge that the
Appli	cant's Signature:	
Owno	r's Signatura	Date
Owne	r's Signature:	Date